

# **PRINTER RUSH**

(PTO ASSISTANCE)

Application : 10/696 994 Examiner : Brewster GAU : 2823

**From:** DP      **Location:** IDC FMF FDC      **Date:** 3-15-06

Tracking #: *CPM 10/696 994* Week Date: *2-20-2006*

<b>DOC CODE</b>	<b>DOC DATE</b>	<b>MISCELLANEOUS</b>
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
<input checked="" type="checkbox"/> CLM	1/27/2006	<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW	_____	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input type="checkbox"/> Other
<input type="checkbox"/> DRW	_____	
<input type="checkbox"/> OATH	_____	
<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

[RUSH] MESSAGE: Renumbered claim 18 (original claim 19) depends on Renumbered claim 18 (original claim 19). Please resolve.

*Thank you.*

[XRUSH] RESPONSE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.

REV 10/04